

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 27 PM 2:46

1. Name of Limited Partnership

1a. DOCUMENT #  
A94000001836

MAXINE H. FORWARD FAMILY LIMITED PARTNERSHIP NO.  
1



Mailing Address

C/O MAXINE H. FORWARD  
3153 WARRINGTON ROAD  
SHAKER HEIGHTS OH 44120

Principal Office Address

C/O MAXINE H. FORWARD  
3153 WARRINGTON ROAD  
SHAKER HEIGHTS OH 44120

99-AP/LOS  
CM

3. Date Formed or Registered

12/23/1994

3a. Date of Last Report

01/26/1998

4. State or Country of Formation

FL

6. FEI Number

34-1787537

7. Certificate of Status Desired

8. Make Check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record

\$620,469.00

5b. Amount of Capital  
Contributions in FL (Other  
to date)

620,469.00

☐ Applied For  
☐ Not Applicable

☐ \$8.75 Additional  
Fee Required

2. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BOWMAN, DAVID G  
BOWMAN, GEORGE, SCHEB, TOALE & ROBINSON  
22 SOUTH TUTTLE AVENUE, SUITE 3  
SARASOTA FL 34237-6395

10. If changed, New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration  
Document Number

FORWARD, MAXINE H

3153 WARRINGTON ROAD

SHAKER HEIGHTS OH 441

0000012767100-7  
02/03/99-01021--023  
\*\*\*\*526.25 \*\*\*\*526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Maxine H. Forward

DATE 1-12-99

Typed or Printed Name of General Partner Signing Form

MAXINE H. FORWARD

Daytime Telephone Number 216 991-0100

CR2E003 (6/98)